

	Department of the Navy Civilian Benefits Center	Notification of Civilian Employee Death
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Employee Information

Employee's Name:		Date of Death:
SSN:		Date of Birth:
Was employee deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was death a result of: Combat <input type="checkbox"/> Non-combat <input type="checkbox"/>	Was death caused by: On-the-job injury <input type="checkbox"/> Non-related to the job <input type="checkbox"/>	

Survivor/Next of Kin Information

Name:	
Relationship to Employee:	
Mailing Address:	
Phone Number:	
If next of kin is spouse, please provide the following:	
SSN:	Date of Birth:
Names & ages of dependent children (if any):	Date of Marriage:

Notification Form Completed by

Name:	Date:
Phone number (including area code):	

Notification Received by CBC

Date:

**Fax this form to the Civilian Benefits Center at 757-396-7826 or DSN 386-7826.
Any questions, email hrsceast.benefits@navy.mil.**